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A criticism on the
policy & remedial measures



A
CRITICISM
ON THE
POLICY AND REMEDIAL MEASURES
OF THE OLD SCHOOL PHYSICIANS.

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I have frequently been called upon by physicians of the old practice, to explain why measures and remedies in common use with themselves are objected to by Eclectics. It is presumed that others are importuned in a similar way. The labor of answering individually all such inquiries makes it desirable that there should be published through some medium convenient for reference, a resume of arguments upon the chief points of difference between the views of *Eclectic* and *old School* physicians.

It is much to be regretted that one who would combat certain ancient prejudices and inveterate habits of the profession, cannot obtain a fair, candid, and impartial hearing through the old school journals. Although the subjects discussed may be treated so clearly as to carry demonstration in every sentence, obstinacy, indolence, and the fear of "reform" form insurmountable barriers to an acknowledgment and acceptance of the conclusions arrived at. The most liberal of these periodicals, professing a willingness to admit into its pages, as legitimate subjects of discussion, "criticisms on the writings and theories of those representing the various doctrines of the present day," excludes that which might serve to demolish too suddenly the dogmas relating to Venesection, Calomel, Antimony, etc. (We may preach against violating the sixth commandment, if we do not address ourselves to doctors.)

Those who do not bow the knee to *Baal* must submit to deprivation and infraction of their rights, and to other forms of injustice, and perhaps it is right that they should enjoy a monopoly of TRUTH. Instead of

looking to the profession for "aid and comfort," they must find their chief reward in a consciousness of integrity of purpose, and an inclination and power to accomplish greater good for humanity. Why should not facts and induction be tolerable when arrayed against any questionable theory or measure in medicine? Why should the books and journals which guide most young physicians in their practice always be in some respect's at least twenty years behind the improved state of medical science? An answer is found in what was written by Dr. Thomas Miner many years ago. He says: "When I was a young man, I thought it was only necessary to state facts, and the evidence upon which they are founded, with clearness and precision, to enable, me immediately to obtain universal assent and approbation, but from a little experience, I soon had reason to fear, that the LOVE OF TRUTH was far from being the ruling passion of mankind."

Some may be governed by a love of truth; please let such have the benefits of such light as may be shed by the following, my last letter in reply to communications from a late President of the Medical Society of the state of Pennsylvania, and an Ex-President of the Monroe County (N. Y) Medical Society.

LETTER.

ROCHESTER, March 10th 1857.

"DEAR DOCTOR:—Before considering the various points of your letter, permit me to say that I am an advocate of no sect or ism in Medicine, but simply of *independence* in matters pertaining to the philosophy and curative measures of the healing art, and of a repudiation of the restraints of all parties and sect in professional pursuits and practice. For avowing such independence many intelligent modern practitioners as well as some of Galen's cotemporaries, have been perhaps justly styled *Eclectic*. As modern, or more especially what is known as "American Eclecticism," is yet in its infancy, its peculiarities and principles have not become generally known. Because not generally known, and because its advocates would reform some of the errors in the dominant theory and practice of the day and rely more upon the safer therapiae, it has often been associated by the honest well meaning physician with the worse than inert systems (in many respects,) of the divers colored clans of Thomsonians, Root doctors, Botanics, Indian doctors, etc—"Those liberal arts that costs no pains of study, industry, or brains," which have been palmed upon the easy credulity of the public.

Such causes, and the influence of many ignorant and selfish individuals who have advertised themselves as "Eclectics," have led even the

intelligent often to believe that the discriminations of Eclectics are governed by prejudice instead of sober reason, and thus to pass them by uninvestigated—condemning without even the lenity of trial. I trust that you are not guided by a short sighted self-interest, which would lead you to labor to keep up this delusion and confound in the public mind a rational effort to improve medical science, based on scientific investigation, with the justly censured and despised effusions of ignorance and imposition, or of wild and visionary speculation.

You have no sufficient grounds for intimating that the “discriminations of science” by the writer, and by those with whom he is in sympathy,” are governed by prejudice, let him say, that instead of “commencing his professional career in the opposition” it was commenced in the usual way, and he was “drove up” by a preceptor as orthodox as the Pope himself, and whose name figures conspicuously in the transactions of the Am. Med. Association. More than this, his professional studies were commenced and prosecuted with great confidence in the infallibility of the old system. And after his term of instruction under a preceptor, why should he have availed himself not only of regular lectures and terms of classical observation in hospitals, but also of the standard publications of your system, if his “discriminations have been governed by prejudice?” Has such prejudice led him to avail himself of the regular receipt of at least half a dozen of the leading old school medical periodicals for every one of any other system? There is probably nothing in your *Armamentarium Medicarium*, which may not also be found in his own, and which he would not use if satisfied it would best subserve the interest of the sick. If you can show that you have been thus free from prejudice towards that which pertains to the views of practice of those from whom you may differ, then may one justly presume that you have not been “governed by prejudice in your discriminations.” It is not always the brother’s eye that contains the mote! My friend Reuben has very properly queried—“Were our brains and senses—our apparatus of perception and thought—“irregularly” constructed, any, any more than those of our brothers of the old school?

Were their optics made to see straight before them, and ours to be always perversely looking round a corner? Were their head-pieces made perfect looms, to weave out whole webs of truth without half an endeavor, while ours were fabricated into a set of ill fated fanning mills, which no matter how much wheat of true science they run through, gather only the chaff and cockle into their hoppers?

As good luck will have it, we must look to our opponents once more

for the proof before we entertain so disheartening a notion. And let our self-named "regular" friends remember too, while they give the verdict, that none but *drunken men* ever yet changed the sun, moon, and stars with staggering !"

You cannot fail to see if you examine your correspondent's published writings which you say "contain untrue and injurious allegations against the medical profession and which are therefore properly slanderous in their character," that he has based his arguments and statements wholly upon the writings of those of high standing in the profession, and not upon the ravings of Thomsonians and advocates of others "so called systems of reform." In his effort to expose crusted and antiquated error he is happy to find himself in the company of not a few good physicians and learned writers. With such men as Majendie, Brodie, Tweedie, Hamilton, and Stokes abroad, and Dowler, Washington, Ames, Hays, Cartwright and others of this country as coadjutors, one can labor on in satisfaction and hope, even with the neglect or animosity of those who choose to remain subservient to certain views and dogmas, and proscribe all who may entertain different opinions. Although he has preferred to draw his arguments from the sources alluded to, he cannot conscientiously withhold respect and confidence in the opinions and experience of such men as I. G. Jones, T. V. Morrow, W. Burnham, King, Buchanan, Cleaveland, Parker, Dixon and other honest investigators.—The experience and conclusions of Medical men are none the less valuable because they refuse to wear professional straight-jackets, and will not be required to believe in certain therapeutical doctrines, in which, even the mass of the profession admit they are losing confidence.

You say you "cannot see why depletion by the lancet is more objectionable than the use of drastic purges." Let us examine briefly the effects of venesection upon the human system. Venesection destroys the coagulability of the blood. It diminishes its viscosity. It lessens the number of red corpuscles. It increases the relative proportion of the serum and fibrine. It enfeebles the constitution and increases its irritability. By these various effects it induces "paucity of blood" which favors the invasion and progress of both acute and chronic diseases.

Do not say that these statements are *hypothetical*. The truth of each of them is fully demonstrated by the careful experiments of Majendie, Andral, Carpenter, Simon, Bernard, and others. Are such effects desirable in the treatment of inflammatory and other affections? If so, when, and why? Majendie found that repeated losses of blood would reduce the coagulum from 70 to 15 per cent of the entire mass. Carpenter says, "the effect of blood letting has been how to occasion the dim-

inution of red corpuscles with no decided reduction of the quantity of fibrine." Simon says—"Bloodletting does not much diminish the albumen, but greatly diminishes the red globules."

Majendie, after relating his analysis of the blood taken at successive bleedings from a patient suffering from pneumonia, says, "these augmentations of serum induced by bleeding ought surely to have struck practitioners. I have full room for astonishment at their having excited so little attention." And again. "If certain alterations are effected in the composition of the blood, (its serosity increased) it stops, undergoes morbid changes, becomes extravasated and produces the various disorders which pathologists have vainly attempted to explain by the words inflammation and irritation. * * * * In spite of anything which may be said to the contrary, it is perfectly true that any signal disproportion between the serum and the clot renders the blood unfit for the performance of its functions." Watson says,—"when bleeding is again and again repeated, it becomes as the French say 'spoilative,' it robs the vital fluid of its nutrient material; pushed further, it produces a peculiar state of the nervous system, marked by great nervousness and *irritability*, indeed susceptibility, and disordered action of the nervous system are apt to be aggravated by bleeding."

If anything more than common sense is necessary to convince me that such results are not desirable in the management of those diseases where venesection is ordinarily practiced, the best of reasons are not wanting. Majendie says, "there is further proof that a certain share of viscosity is an essential requisite for the healthy circulation of the blood.

* * * * A superabundance of serum in the blood is in my mind a positive contraindication to bloodletting; and I conceive that this fact will sooner or later be admitted as a fundamental position in the treatment of disease. * * * We are also justified in proclaiming that, men who bleed, without giving themselves the least uneasiness about the disorders that follow the removal of the blood, both in that fluid itself, and as their consequence in the various organs—who look on these disorders as curable by bloodletting, while they are in reality produced by it, act with most reprehensible blindness. In simple language they do mischief when they imagine they are doing good, mischief on which often depends the death of the patient. I commenced *my medical career* imbued with the *prejudices* of the schools, and like my brethern I paid tribute to scholastic dogmas. At the present time, when more correct notions on pathology have replaced those of former days, it appears to me that the more the blood abounds in serosity, the more probable it becomes that the consecutive exhalations

of the serous membrane will be abundant; and hence, that, to use the *orthodox* language, inflammation will be more violently developed. I do not hesitate to assert that the anti-inflammatory bleedings ordinarily, according to the constitution of the individuals undergoing them, help to determine the serious accidents observed to follow those operations."

After showing the folly and the ludicrousness of the "fingering" for an appearance of *buff*, this eminent writer adds; "when we consider gentlemen, that in spite of the plainest and most forcible facts, the majority of medical men persist in blindly following a regular routine that brings discredit on the act, we are surely justified in applying to them these words, *they have eyes that they may not see.*" When arguments as sound as Majendie's against bleeding are brought to bear against Podophyllin or other cathartics I shall without scruple "throw physic to the dogs." His talents and position as you once said of Dr. E. of this city, enabled him to speak and act without fear of professional ostracism.

Other eminent writers have corroborated the foregoing views. Hunter says of inflammation, "when the constitution is strong, then it will commonly be the most manageable." Sir A. Cooper and Andral demonstrate the fact that weakness favors inflammatory action. Hunter acknowledges that bleeding may develop lockjaw and other diseases, and that in weak habits inflammation is slow in any of its salutary effects, and is hardly capable of either producing the adhesive or suppurative inflammation.

Prof. M. of Vienna, quotes Richter of Dresden, as follows: "*Poverty of blood*, is next to cancer and tuberculosis, the increasing evil of our times, which will bring down a gradual deterioration of the race and therefore merits our most earnest consideration." According to Valentine, "most neuralgic affections are caused by anæmia, an anæmic mother will produce anæmic children, etc. Some of our once very consequential regulars should inform these fanatical writers, that the foregoing views are irregular and Eclectic heresies.

But you may say, it is certainly slanderous "to assert that venesection is not applicable in *apoplexy* and *pneumonia* for which it is prescribed in every regular treatise on practice, since the days of Cullen." Eclectics in their efforts to set aside depletion by the lancet in these diseases have able confederates and allies. Hear what some of them say and testify to. Cruvilhier and Aussaquel relate cases where bleeding was resorted to for threatened apoplexy and cerebral effusion, in which it gave rise to immediate and complete hemiplegia and other forms of paralysis. Dr. Physic is acknowledged to have proved more than

half a century ago, "that, in cases of apoplexy with effusion, the presence of the fluid cannot be considered as a cause of the apoplectic symptoms." Marshal Hall makes it clear that so far from being any pressure on the brain, interrupting the manifestation or transmission of nervous fluid or sensorial influence, being the essential cause of apoplexy, that the disease very often occurs from anæmia and inanimation, dyspepsia, gout and rheumatism, or anything that vitiates or impoverishes the blood; excessive bleedings from the arm may produce it; so will Brights disease, also fright, fear, joy, anger, &c. Prof. Warren Stone says: "for the prevention and cure of Apoplexy bloodletting if not useless, is at least an improper remedy. Dr. Cartwright says: "no wonder that the apoplectic forms of disease have proved to be more formidable and fatal under such a routine practice, directed by but one idea and that erroneous, than they were in ancient times. Even at the present day, the closer the text books are followed, the more fatal are such complaints; the best read doctors, fresh from the best schools, have the worst success. The announcement I made to Prof. Jackson that they may be almost as readily cured as intermittent fever, will cease to startle the profession as soon as the inductive sciences have been brought to bear upon them, and every vestage of that hypothetical pathology discarded, which has so long directed their treatment."

Of bleeding in pneumonia, Dr. Guthrie says (*London Lancet*, June, 1853,) "that by bleeding we always obtain a diminution of the fever, of the oppression, and of the bloody expectoration, so as to lead the patients and the attendants to believe, that recovery is about to take place; after a few hours, however the unfavorable symptoms return with fresh vigor, and the same scene is renewed, often five or six times after as many venesections."

The statistics of Dr. Dietl, the Austrian physician, will be remembered, which show one death out of every five patients bled in pneumonia, and but one fatal case in thirteen and a half of those treated by a purely expectant method. Dr. Ames in the *N. O. Medical and Surgical Journal* (Jan. 1834) presents his objections to blood-letting in pneumonia in two aspects. "In the first a considerable mitigation of the symptoms has been obtained, which lasting but a few hours, has been followed by a reaction in which the disease has passed in point of severity, that which it had previously attained; that is to say the pulse became in the meantime more full, frequent, and sometimes harder; the respiration increased in frequency, while the restlessness and general feeling malaise were aggravated. Along with these outward signs there was more or less evident extension of the diseased parts. In this

manner the effect of one bleeding was to render the indications for another more urgent, and if repeated it was again followed by temporary relief and an ultimate aggravation, results which I have known to follow diurnal and semidiurnal bleedings, until the near approach of a fatal issue arrested the treatment. Such effects from bleeding, there is reason to believe, are not confined to any particular climate or locality. Of this, any one, I think may satisfy himself, who will study carefully, in reference to this matter, the published clinics of European Hospitals, where he can hardly fail to find examples of the kind.

In the second of these aspects, no mitigation of the symptoms followed the bleeding, the immediate effect being to quicken the pulse and to enfeeble it; and though there might be a subsidence of the pain, the condition of the patient was in either respects altered for the worse. *

* * The unfavorable effects of this remedy have not appeared to be governed by any specific circumstances that can be appreciated in individual instances, so as to enable me to determine before hand, the probability of a good or bad effect from it. * * * * The test has been so applied, and the observations of many years have satisfied me that sudden and violent changes for the worse—of the kind here spoken of—do not occur in the progress of pneumonia, unless bleeding constitutes an essential part of the treatment. Perhaps it would be more accurate, instead of stating the conclusion in such general terms, to say that under my observation they have not occurred in one-hundred and thirty-two cases not bled.”

Read what Dr. Washington says, (*Nashville Jour. of Med.* July, 1854.) “Bleeding cannot reduce the pulse except by lessening the vital power so much that respiration is primarily reduced, and the pulse secondarily; hence it is entirely unnecessary and inexpedient to bleed, because we have better remedies, those which will strike directly home to the very part that ought to be struck; leaving the strength to promote a rapid convalescence. We have been contented for a number of years with this loss of strength, regarding it as an unavoidable evil, imposed by the hard necessities of the case, but now that a flood of light is poured upon our pathway, no more perplexing questions whether to bleed at all, or whether to bleed freely or not, need harrass our anxious minds.” In view of the foregoing considerations, is it orthodoxy to bleed, or not to bleed in apoplexy and pneumonia? Do you regard the writers quoted from and those who hold similar views “regular” “irregular” or “defective.”

Before dismissing the subject of venesection, permit me to call your attention to the doubtful propriety of bleeding in cases of puerperal con-

vulsions, a measure which our American old school authors are unanimously in favor of. Prof. White, writing respecting the largest hospitals in the world, those of Vienna, and the physicians to the same, says: "It is held by Dr. Baum, in common with most of the accoucheurs of this city, (Vienna,) that Eclampsia is a result of a sour condition of the circulating fluid, a want of fibrine in the blood, which can only be relieved by improving the hæmatisis. He regards bleeding therefore not only as useless, but as absolutely increasing the difficulty, by impoverishing still more the sangniferous fluid. He maintains that in a single instance, in which blood was found in the cavities of the brain," (probably a result, not a cause of the convulsions,) "during the last four years, bleeding was inadmissable in consequence of the state of the pulse and strength. * * * In a careful record of 6600, cases of labor, Dr. Arnoth assures me, that although all fatal cases were examined, in no instance of death after convulsions was their effusion in the cerebral cavities. On the contrary, there was found on examination an *exsanguine* or anæmic state of the cerebral mass.—During the early part of his professional life he had resorted to free venesections, but he is now thoroughly convinced that they are neither necessary nor useful."

As the practice of bleeding has not been confined to these more formidable diseases, but has been resorted to in all grades of acute affections (one old school physician not fifty miles from this city, bleeds all consumptive patients who fall into his hands,) down to a common cold for which Guy Patin was bled seven times, and "thanked God that he was now rid of it, and only wanted strength," is it a matter of surprise that Dr. Tully says; "the lancet is a weapon which annually slays more than the sword, and that Great Britain, without doubt, loses every year more subjects by these means"—depleting measures—"than the battle and campaign of Waterloo cost with all their glories!" Well may another author indignantly exclaim: "What then is the condition of man in this frail mortal state. Has he constant a tendency to rise above health? Is it the sole business of the physician, to debilitate and derange his solids, to abstract and impoverish his fluids, in order to *reduce and bring him down* to the standard of health? Such practices have been the scourge and devastation of the human race for more than two thousand years!" Such is the testimony of a few, from among a large number who might be cited, respecting the inutility of venesection. *You* cannot see "why depletion by the lancet is more objectionable than the use of podophyllin."

Pray inform me, which among the whole catalogue of diseases, have

been demonstrated to result from an excess of blood? But bleeding is proved to be many times a direct cause of inflammation; if so, how does it accomplish the singular anomaly of curing it at the same time? We see, if it is resorted to under the most favorable circumstances, its success is anything but sure and permanent, and if it fails, it induces serious consequences, which may be avoided by the use of other measures. It is very well established that it predisposes to, and aggravates acute diseases, apoplexy, pneumonia, and puerperal convulsions, and leads to the development of the worst chronic diseases of our times, cancers, tubercles, dropsies, paralyses, neuralgic affections, etc. The lancet will afford temporary relief to the fullness of the bloodvessels, and to some of the attendant symptoms, but is it desirable to produce the *abnormal* conditions of the system alluded to, so frightfully destructive, to accomplish ends which can be attained with greater certainty, and more safety by other means which do not waste the vital fluids? Verily this subject "merits our most earnest consideration."

You say you cannot see "why antimony, arsenic, (and it is presumed you would include the mercurials,) cannot be used with as much safety as strychnia." Is it possible that you have never given attention to the difference between organic and inorganic poisons?—to the difference in agents which destroy life by their corrosive and irritating qualities, and those which do it only by suspending certain functions?—Have you never given attention to that important difference in medicines, upon which Prof. Tully places no little stress, the susceptibility of organic medicines to digestion and elimination, peculiarities possessed by but few of the metallic poisons? Do you mean to say that strychnia cannot be given as a medicine, without risk of doing lasting injury to the system? There is almost any amount of authority and argument, to show that antimony, mercury and arsenic, cannot be prescribed as a common remedy, and in appreciable quantities, without such risk. Please inform me, where fears and objections are urged against the use of strychnia, (as ordinarily prescribed,) wild cherry bark, or other combinations of hydrocyanic acid, and I may add against opium, hyoscyamus, belladonna and other vegeto-narcotic poisons, such as are acknowledged on every hand, to exist in reference to the mineral agents alluded to. If the human system does not possess the power of converting antimony, mercury, and arsenic, into any of the solids or fluids of the system, nor to but a limited extent into any of the secretions, or effete matters, as it does medical doses of vegetable poisons, could anything else than this contrast of testimony, as to the effect of the two classes of remedies, be expected? Let us glance at some of the testi-

mony of physicians, orthodox in the general estimation, but "irregular," nevertheless, in some particulars.

Dr. Beck, speaking of the toxicological effect of antimony, says: "the mucous membrane of the stomach is inflamed by its use. The duodenum is also reddened and inflamed by it, and occasionally the small intestines. Under its use, the lungs are often found more or less inflamed, and in some instances the brain has been found in like condition, and containing a serous fluid." Taylor speaks of its completely destroying the mucous membrane from the mouth downward to the jejunum and rendering the sub-mucous tissue so soft, as to be easily torn by the fingers.

Dr. Ames, in his excellent essay on pneumonia, (*N. O. Med. & Surg. Jour.* 1854, p 417,) the disease in which antimony, and calomel are supposed to be specially adapted, after describing certain complications, which made the disease more obstinate and fatal, and the certain relation of these complications to the treatment, says: "the nature of these new conditions of disease, in connection with the well known toxicological properties of the medicines, while it served to confirm the former inference, (that these complications were produced by the deleterious agency of the remedies,) pointed to the mercury and antimony, as the only agents concerned in producing them. * * * * It seems that while either mercury or antimony are capable of superinducing these forms of disease, when administered in pneumonia, the accidents arising from the one, are less frequent, and somewhat different from those arising from the other; the latter, however, being equally formidable when they do occur. An illeitis, or gastro-enteritis, is most common, and is the result of poisoning by tartar emetic. Mercury, on the other hand, may induce an inflammatory state of the intestinal mucous membrane, less frequently, if ever, involving that of the stomach, and more frequently that of the bowels, and occasionally it may be about the same time the liver and the brain. When these two medicines are given together, the resulting complications are apt to involve all the structures mentioned, and it may be added, are more likely to occur.

"It is, perhaps, unnecessary to say that these complications were proved to be of the most formidable nature, always aggravating the pulmonary disease and rendering it less amenable to treatment; they not unfrequently led to a fatal termination when death most probably would not have occurred from the pulmonary disease alone."

Dr. Boling says; (*N. O. Med. and Surg. Jour.* vol. 5. p 291,) "half as many deaths have occurred in consequence of gastro-enteritis,

induced by antimony, as from the disease itself." A patient now on my hands, has, for more than six months, suffered constant irritability of the stomach and bowels, of such severity as we seldom see, which was induced, I have every reason to think, from antimony administered to her during the past summer. In a recent report upon Antimony, by the Medical Society of London, it is shown that this agent not only produces the effects above mentioned, but "marked fluidity of the blood," "failure of the circulation," "general congestion," and when administered slowly and in small doses, collects in abundant proportions in the liver, and in smaller proportions in the kidneys and heart. What similar testimony have you against the careful and judicious use of strychnia?

Of mercury, Dr. Watson says: "its use destroys the red blood as effectually, as it may be destroyed by venesection." The following quotation is from Dr. Stoke's lectures on theory and practice: "There is the hepatic school of medicine, in which the existence of almost every organ except the liver, seems to be forgotten, and of which the creed seems to be, that there is but one viscus, the liver; one source of disease, biliary derangement; and one cure, Mercury—a creed, which, though not enforced and defended by the sword, has lost perhaps as much human life, as others whose history is written in letters of blood." Mr. Carlisle, alluding to the use of calomel, thinks that such a state of things "is passing strange?" He thinks that "men starting into the exercise of the medical profession, from the cloistered study of books—unaware of the fallibility of medical evidence, and unversed in the doubtful effects of medicines, may be themselves deluded, and delude others for a time; but when experience has proved their errors, it would be *magnanimous*, and yet no more than just, to renounce both the opinion and the practice." Do you deny all that Dr. Hamilton says, of the danger and evil effects of even the simplest and mildest forms of this medicine, and especially, that "it is universally acknowledged, that the morbid effects of mercury may be induced very suddenly, and by very small quantities of the medicine, in certain constitutions, where no marks exist, by which such peculiarities of habit can be distinguished, and there is no method of arresting their progress?" Dr. Twedie says: "Mercury, administered as a remedy, causes hepatitis and sometimes jaundice." Drs. Nichol, Dick, Cheyne, and Chapman, all believe that hepatic diseases have been increased by this class of remedies. Heberdeen, shows that the mercurials will develope rheumatism, in certain constitutions. We have abundant evidence in the writings of M. Desreules, McGrigor, Dr. Isaac Hays, and others, to show that

mercury often augments the intensity of venereal affections, and, by its methodical use, produces diseases which may be confounded with secondary symptoms of syphilis. These men abandoned its use, not from *prejudice*, but in consequence of numerous facts and observations which taught them to appreciate justly mercurial treatment.

Dr. Lente, formerly one of the surgeons in the New York City Hospitals, writes in the *N. Y. Med. Jour.*: "there are constitutions which will not bear the administration of mercury in any stage of disease.—It is impossible for the most astute physician to ascertain that such an idiosyncrasy exists, until the evil has been consummated, that mercury is a dangerous and often uncontrollable agent, which aggravates secondary symptoms in syphilis, and gives rise to symptoms, which it is impossible to say are syphilitic or mercurial."

Dr. Bransby B. Cooper "never knew the bones to become diseased, as a result of syphilis, unless mercury had been exhibited."

Without multiplying similar declarations of old school writers, or stopping to inquire whether those who are now known as Eclectic physicians, have a right to draw like conclusions from their observations, and to act and express themselves accordingly, let me add an extract from an article in the *Boston Med. & Surg. Jour.* which gives very satisfactory reasons why these remedies are still in prevalent use: "The remarks of Drs. Stokes, Bell, Edwards and Vavaseur, naturally excite the query, why has the doctrine which induced such a constant, almost universal application of mercurial preparations, so many advocates and disciples at this day? To this no other answer can be given, than that it is because there are too many in the practice of medicine, who do not, either from sluggishness, exercise that simple observation, by which Sydenham was enabled to overturn the long labored and supposititious reasoning of the whole dogmatic phalanx who thought it beneath their consequence to stoop to the dictate of heaven's first agent, because there are too many who place a blind confidence in the opinion of those authors who are taken as examples—and they reason not, because their subserviency has rendered them incapable."

If necessary, the writer could give the published testimony of many in connection with his own, that arsenic and lead, when administered methodically, have given rise to affections of the character of paralysis, deafness, dropsies, etc. But in view of what he has written, is it not strange that an intelligent physician would ask why these several agents, at least antimony and calomel, "can not be used with as much safety as strychnia?" Have we any evidence that strychnia administered in medicinal doses, has left either organic or functional disease in consequence?

I must add a few thoughts respecting another statement in your letter, viz: "To be committed to the support of the old school, its code of ethics, etc., does not involve the surrender of our independence and professional rights." Properly organized and concerted efforts for the promotion of medical science, finds seldom a more willing advocate than is your correspondent. His high regard for, and his confidence in the Am. Med. Association, as a means of promoting the interest of science, will not permit him to regard it in the light presented by the "Stethoscope," as "having become a committee of schoolmasters, its sessions the foreground for the display of pinchbeck wares, etc." I am disposed to extend my humble influence toward the welfare and permanency of everything connected with this and other old school medical organizations, except their illiberal and proscriptive features. But you deny that they possess such. Let us see. Read the resolutions passed by the Am. Med. Association, at its meeting in Philadelphia, in May 1847, and which I believe have never been rescinded nor countermanded :

"Resolved, 4th. That the certificate of no preceptor shall be received, who is avowedly and notoriously an irregular '(Dr. Smith, of Boston, says that those belonging to the societies are regular by general consent, and those not members of such bodies, are irregular,)' practitioners, whether he shall possess the degree of M. D. or not !"

"Resolved, 8th. That it is incumbent upon all schools and colleges, granting diplomas, to carry out the above regulations !

"Resolved, 9th. That preceptors are to advise their students to attend only such institutions as shall rigidly adhere to the recommendations herein contained."

Here the Association acts the *sanhedrim* of the profession—after laying down regulations to govern medical colleges, it boldly avows its intolerance and close-communion dogmatism, by directing the faithful to patronize no institution which does not *rigidly adhere* to its regulations. Does not this smack slightly of the spirit of inquisitorial times? How much better is the spirit of the above than that of the decrees of the university of Salamanca, in Spain, in the 16th. century, deciding that no physician should let blood from the arm opposite the side affected, in pleurisy, and alleging that, to do so, was "no less pernicious to medicine, than Luther's heresy had been to religion." If I denounce bleeding, or lay aside calomel for Leptandrin, or Podophyllin, or have the hardihood to improve in any similar manner upon the teachings of my "sluggish," and "subservient" predecessors and cotemporaries, I am so totally disgraced in the eyes of medical men, as to be cut off from all communication whatever. My cer-

tificates of study, shall be considered unworthy of notice or belief, and my students shall be considered disgraced by carrying certificates from such a heterodox source.

Are such things congenial to the self-respect, the honor, and magnanimity of a liberal minded physician? Besides the foregoing resolutions, I could refer you to similar ones passed by the State Convention of physicians, in Ohio and other States; by the "Monroe Co. Medical Society," *et ad omnes*, forbidding members consulting with, and meeting "irregulars" at autopsies, and instructing them to denounce, scorn, and despise all who do not dance to the tune of calomel and the lancet. As very properly said by the Editor of the *Medical World*: "Excellent physicians and surgeons in these United States are branded as infamous, by those who have not a shadow of a claim to consideration, beyond the fact that they are fellows of some medical society. Yet there is no place recognized as honorable, by Anglo-Saxon discrimination, which they could not sustain. Fine talents, unimpeachable character, and superior educational advantages, ('and I may add acknowledged success in practice,') *weigh nothing* with those fraternities." I could insert here, an interesting note from one of your "subservient" fellows, who was compelled to "back out" from his habit of consulting with your correspondent, because, forsooth, the regulations of the "Monroe Co. Medical Society," involved the surrender of his independence, and what he had on previous occasions supposed to be his "professional rights." Examples illustrating the same spirit and rule of intolerance are to be found in abundance, at home and abroad. Prof. M., upon declining to assist the writer in operating for strangulated hernia, offered no excuse but the "stringent regulations of our societies." Did not the Am. Med. Association reject a respectful memorial from the Am. Med. Association of Paris, because it implied inefficiency in our system of instruction, and recommended that "graduates should not be required to believe in any particular doctrines, but to show the necessary amount of medical knowledge to practice with ability and honor?" Did not a prominent member of the Association, at its last meeting, recommend its members to treat with sovereign contempt, and to withhold from irregulars, all professional courtesies and civilities? Did not the "Royal Medical Chirurgical Society," exclude certain prominent medical journals, because views were published in them at variance with those of the Society—"to warn all journals, that in the future they will not be allowed to run counter to the dignity of the profession, in their own way?"—Do you see nothing in all this, that involves the surrender of ones in-

dependence, and professional rights. Had "Smelfungus" (vide *Buffalo Med. Jour.*) no occasion for intimating the existence of "procrustean creeds decapitating nonconformity?"

"Tis liberty alone, that gives the flower
Of fleeting life its luster and perfume.
And we are weeds without it. All constraint,
Except what wisdom lays on evil men,
Is evil; hurts the faculties, impedes
Their progress in the road of science; blinds
The eyesight of discovery; and begets,
In those that suffer it, a sordid mind,
Bestial, a meager intellect, unfit
To be the tenant of man's noble form."

I for one, can not consent to ride a sleeping leviathan, nor to be made "subservient" to its "sluggish" gait. Give me medical freedom, or give me medical death! God having given me such a spirit, it has led me for the few past years to discard some of the old school routine of practice. I do so from honest convictions that the measures I reject are inappropriate and unphilosophical, and no system of ostracism will bring me back.

In speaking of the "reformed practice," the *Boston Med. and Surg. Jour.* says: "its chief corner-stone rests upon the *pertinacity* not to say *obstinacy* of those belonging to our own household. The over liberal and indiscriminate use of some few mineral substances, etc, excited a prejudice which shook our system to its center." It is from these evils, that the writer and his coadjutors would reform old school medicine. We have thrown off this "*pertinacity*" and this "*obstinacy*," which is characteristic of your class of physicians, and which has engendered almost universal dissatisfaction with the discriminating public. The spirit of *freedom* which for ages has been struggling in chains, is abroad. The May-Flower itself, wrecked and rotted, but the spirit of its *voyageurs* yet lives and expands. Their free thinking and restless descendants will be in medicine, as in religion and politics, untrammelled, and claim the great prerogative, to question the conclusions of the hoary past, and those dearly cherished, at the present time. This spirit demands a hearing in medicine, and a hearing it will have, and "woe to him who turns a deaf ear to its questionings." If the old school would retain its prestige, and the confidence of the truth loving freeman, of our progressive country, it must be less proscriptive, less intolerant, and more willing to search for truth, and adopt it when found.

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